

Application Data Sheet

Application Information

Application Number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Title::

METHODS FOR CREATING A COMPOUND
LIBRARY

Attorney Docket Number::

6283NCP2

Total Drawing Sheets::

17

Small Entity?::

No

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

USA

Status::

Full Capacity

Given Name::

Brian

Middle Name::

J.

Family Name::

Stockman

Name Suffix::

City of Residence::

Kalamazoo

State or Province of Residence::

Michigan

Country of Residence::

USA

Street of Mailing Address::

2140 Waite Avenue

City of Mailing Address::

Kalamazoo

State or Province of Mailing Address::

Michigan

Country of Mailing Address::

USA

Postal or Zip Code of Mailing Address::

49008

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Kathleen
Middle Name:: A.
Family Name:: Farley
Name Suffix::
City of Residence:: Otsego
State or Province of Residence:: Michigan
Country of Residence:: USA
Street of Mailing Address:: 1715 114th Avenue
City of Mailing Address:: Otsego
State or Province of Mailing Address:: Michigan
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 49078

Correspondence Information

Correspondence Customer Number:: 26813

Name Line One:: Mueting, Raasch & Gebhart, P.A.
Street of Mailing Address:: 203 Textile Building
119 North Fourth Street
City of Mailing Address:: Minneapolis
State or Province of Mailing Address:: Minnesota
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 55401

Phone Number:: (612) 305-1220
Fax Number:: (612) 305-1228

Representative Information

Representative Customer Number::	26813	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part of	09/677,107	09/29/00
	Non Provisional of	60/192,685	03/28/00
	Provisional of	60/161,682	10/26/99
	Provisional of	60/156,818	09/29/99

Assignee Information

Assignee Name:: Pharmacia & Upjohn
Street of Mailing Address:: 301 Henrietta Street
City of Mailing Address:: Kalamazoo
State or Province of Mailing Address:: Michigan
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 49001